**Program Specification Reviewing Form – XX Department**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic Year** | |  | | | | | | |
| **Semester** | |  | **Reviewing #** | 1st 2nd | | | | |
|  | **Items** | | | | **Quality Grade** | | | **Remarks** |
| **Accepted** | **Needs Improvement** | **Unaccepted** |
| A. Program Identification and General Information |  | | | |  |  |  |  |
| B. Mission, Goals, and Learning Outcomes |  | | | |  |  |  |  |
| C. Curriculum | Curriculum Structure | | | |  |  |  |  |
| Program Study Plan | | | |  |  |  |
| Program learning Outcomes Mapping Matrix | | | |  |  |  |
| Teaching and learning strategies | | | |  |  |  |
| Assessment Methods | | | |  |  |  |
| D. Student Admission and Support: | Student Admission Requirements | | | |  |  |  |  |
| Guidance and Orientation | | | |  |  |  |
| Programs for New Students | | | |  |  |  |
| Student Counseling Services | | | |  |  |  |
| Support for Special Need Students | | | |  |  |  |
| E. Teaching and Administrative Staff | Needed Teaching and Administrative Staff | | | |  |  |  |  |
| Professional Development | | | |  |  |  |
|  | | | |  |  |  |
| F. Learning Resources, Facilities, and Equipment | Learning Resources | | | |  |  |  |  |
| Facilities and Equipment | | | |  |  |  |
| G. Program Management &Regulations | Program Management | | | |  |  |  |  |
| Program Regulations | | | |  |  |  |
| H. Program Quality Assurance | Program Quality Assurance System | | | |  |  |  |  |
| Program Quality Monitoring Procedures | | | |  |  |  |
| Arrangements to Monitor Quality of Courses Taught by other Departments | | | |  |  |  |
| Assessment Plan for Program Learning Outcomes (PLOs) & Mechanisms of Using its Results in the Development Processes | | | |  |  |  |
| Program Evaluation Matrix | | | |  |  |  |
| Program KPIs | | | |  |  |  |
| I. Specification Approval Data |  | | | |  |  |  |  |
| Supporting Evidences / Appendix |  | | | |  |  |  |  |

**Feedback to Instructor:**

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| --- | --- | --- |
| **Quality Coordinator /Reviewer** | **Date** | **Signature** |
|  |  |  |